

## STATE OF MAINE REQUEST FOR OUT-OF-STATE TRAVEL AND/OR TRAVEL ADVANCE

**PLEASE SEND TO: Commissioner, Department of Administrative & Financial Services  
78 State House Station, Augusta, ME 04333**

DATE SUBMITTED: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

first

middle initial

last

JOB TITLE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

BARGAINING UNIT: \_\_\_\_\_

DEPT/AGENCY: \_\_\_\_\_

BUREAU/DIVISION: \_\_\_\_\_

PV

AGY

DOC NUMBER

CostCenter

-

ADV

FundLedger

BATCH #

FUND

AGENCY

ORG

APPROP

JOB NO

REP CAT

OBJECT

DESCRIPTION

AMOUNT

4298

IN STATE TRAVEL ADVANCE

4398

OUT OF STATE TRAVEL ADVANCE

CHECK CATEGORY: \_\_\_\_\_

ADDRESS TO FORWARD CHECK (circle one):

HOME

WORK

**ESTIMATED COST:**

AIR FARE

MILEAGE

0.36

( \_\_\_\_\_ miles)

\$0.00

TOLLS

MEALS

( \_\_\_\_\_ meals)

LODGING

( \_\_\_\_\_ nights)

REGISTRATION

OTHER

Shuttles

**TOTAL**

\$

\$0.00

DESTINATION: \_\_\_\_\_

CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_

STATE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PERSON(S) TRAVELING WITH ME: \_\_\_\_\_

☐ Travel directly related to the care of residents, wards, foster children and other individuals under state care or protection;☐ Travel required in the execution of law enforcement investigations, interstate contracts directly related to the extradition of an individual to or from a correctional facility;☐ Travel directly involved in the securing of revenue, or that directly impacts revenue;☐ Travel required in emergencies or other extraordinary circumstances;**OR:**☐ Requesting approval for out of state travel. Justification for this request:**APPROVAL**

AGENCY TRAVEL COORDINATOR (Required for Travel Advances only): \_\_\_\_\_

SUPERVISOR/BUREAU DIRECTOR: \_\_\_\_\_

COMMISSIONER/COMMISSIONER DESIGNEE (Required for all out of state travel): \_\_\_\_\_